

Exhibit 1

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

IN RE: NATIONAL FOOTBALL LEAGUE
PLAYERS' CONCUSSION INJURY
LITIGATION

No. 2:12-md-02323-AB

MDL No. 2323

Hon. Anita B. Brody

THIS DOCUMENT RELATES TO:

ALL ACTIONS

DECLARATION OF ORRAN L. BROWN, SR.

I, ORRAN L. BROWN, SR., hereby declare and state as follows:

1. My name is Orran L. Brown, Sr. I am the Chairman and a founding partner of BrownGreer PLC, located at 250 Rocketts Way, Richmond, Virginia 23231. BrownGreer PLC is the Claims Administrator under the Class Action Settlement Agreement in this action.
2. I am over the age of 21. The matters set forth in this Declaration are based upon my personal knowledge and information.
3. I submit this Declaration to describe two Opt Out revocation requests we received recently.
4. In its April 22, 2015 Final Approval Order and Judgment, the Court directed the Claims Administrator to make public a list of Opt Outs as of that date. We posted on the official Settlement website a list of the Opt Outs that were timely and included all the elements required for a valid Opt Out under Section 14.2(a) of the Settlement Agreement (175 names at the time) and a list of the Opt Outs that were untimely and/or were missing one or more of Section 14.2(a)'s required elements (33 names at the time).
5. Section 14.2(c) of the Settlement Agreement provides that a Class Member who had Opted Out but wished to revoke that Opt Out could submit a written request to do so "[p]rior to the Final Approval Date." At various times after the April 22, 2015 Final Approval Date, 24 people who had Opted Out submitted requests to revoke their Opt Outs. The Parties to the Settlement Agreement

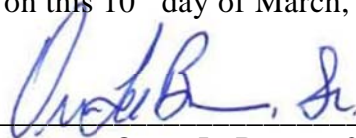
agreed to accept those revocation requests, subject to Court approval, and reported the requests to the Court. By Orders of July 15, 2015 (Document 6642), December 22, 2015 (Document 6713), January 26, 2016 (Document 6739), September 15, 2016 (Document 6907), October 25, 2016 (Document 6924), November 8, 2016 (Document 6937), December 21, 2016 (Document 7033), January 18, 2017 (Document 7084), January 20, 2017 (Document 7097), February 6, 2017 (Document 7119), and March 9, 2017 (Document 7264), the Court approved all the revocations. As a result, we no longer counted those people as Opt Outs and posted on the Settlement website a revised list of Timely Opt Out Requests Containing All Information Required by Section 14.2(a) or Otherwise Approved by the Court (the "Timely Opt Out List") to reflect the results of the Orders. That Timely Opt Out List now contains 157 names, including six persons whose Opt Outs the Court directed be added to that list in its Orders of September 8, 2016 (Document 6902) and March 6, 2017 (Document 7244).

6. On February 6, 2017, registration opened for the Settlement Program. We have received revocation requests from two persons who have registered for Settlement benefits but also are on the Timely Opt Out List. These requests are attached to this Declaration with their personal identifying information redacted:

- (a) Joseph Horn: Attachment 1 to this Declaration is a copy of Mr. Horn's Revocation Request Form, which we received on March 7, 2017.
- (b) Christopher McAlister: Attachment 2 is a copy of Mr. McAlister's Revocation Request Form, received on March 9, 2017.

The Parties to the Settlement Agreement have agreed to accept these two revocation requests, subject to Court approval. If the Court grants its approval, we no longer will count these persons as Opt Outs and, upon direction of the Court, will post on the Settlement website a revised Timely Opt Out List.

I, Orran L. Brown, Sr., declare under penalty of perjury pursuant to 28 U.S.C. § 1746 that the foregoing is true and correct. Executed on this 10th day of March, 2017.



Orran L. Brown, Sr.

NFL**CONCUSSION SETTLEMENT**IN RE: NATIONAL FOOTBALL LEAGUE PLAYERS' CONCUSSION INJURY LITIGATION
No. 2:12-md-02323 (E.D. Pa.)**REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS**

A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT**Name**

First

Joseph H

M.I.

Last

Horn

Mailing Address

Address 1

Address 2

City

State

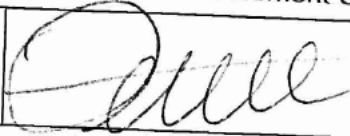
Zip

Telephone Number**Date of Birth**

(Month/Day/Year)

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

Signature**Date**10/31/2017
(Month/Day/Year)**III. HOW TO SUBMIT THIS FORM****By Email:**

ClaimsAdministrator@NFLConcussionSettlement.com

By Mail:NFL Concussion Settlement
Claims Administrator
P.O. Box 25369
Richmond, VA 23260**By Online Portal:**

Go to your secure online portal with the Claims Administrator and upload this signed PDF.

ATTACHMENT 1

REQUEST TO REVOKE OPT OUT FROM SETTLEMENT CLASS

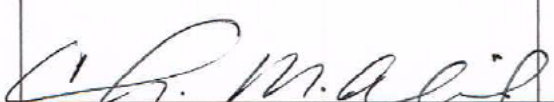
A person who Opted Out of the NFL Concussion Settlement may request to revoke that Opt Out by completing this form and sending it to the Claims Administrator. The Claims Administrator will present the request to the Parties to the Settlement Agreement for their consideration. If Co-Lead Class Counsel and the NFL Parties both consent, they will submit it to the Court for approval. Complete all sections of this form. If your revocation is approved, you cannot later Opt Out again.

I. PERSON SEEKING TO REVOKE OPT OUT

Name	First <u>Christopher</u>	M.I. <u>J</u>	Last <u>McAlister</u>
Mailing Address	Address 1 _____		
	Address 2 _____		
	City _____	State _____	Zip _____
Telephone Number	_____		
Date of Birth	____/____/____ (Month/Day/Year)		
Settlement Class Member Type	<p>I am a Retired NFL Football Player.</p> <p>I am a Representative Claimant. I have a legal right to act on behalf of a Retired NFL Football Player.</p> <p>I am a Derivative Claimant. I have certain legal rights because of my relationship with a Retired NFL Football Player.</p>		

II. STATEMENT OF INTENT AND SIGNATURE

I wish to revoke my Opt Out from the Settlement Class and instead be included in the Settlement Class.

Signature	<u></u>	Date	<u>03/09/2017</u> (Month/Day/Year)
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III. HOW TO SUBMIT THIS FORM

By Email:	ClaimsAdministrator@NFLConcussionSettlement.com
By Mail:	NFL Concussion Settlement Claims Administrator P.O. Box 25369 Richmond, VA 23260
By Online Portal:	Go to your secure online portal with the Claims Administrator and upload this signed PDF.

ATTACHMENT 2